

Exhibit 64

RISING COST OF INSULIN JUST ONE HURDLE FOR SENIORS WITH DIABETES

Pittsburgh Post-Gazette

June 11, 2017 Sunday

FIVE STAR EDITION

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Section: BUSINESS; Pg. G-1

Length: 912 words

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Body

Dolores Suvak retired from her job as a high school English teacher in the Woodland Hills School District in 2006 with a generous retirement package that included an additional 10 years of health coverage under her school employees' plan.

Then came year 11.

Ms. Suvak, 68, is diabetic, one of an estimated 11.2 million seniors - 25.9 percent of Americans 65 or older, according to the American Diabetes Association - who have the condition that can result in serious infections as well as nerve, kidney and eye damage, and life-threatening heart disease.

For her, diabetes has meant daily testing, multiple injections and regular monitoring of her blood sugar.

It also has meant the expense of test strips, lancets, needles and life-sustaining insulin, all of which have dug deep into the fixed retirement income that she and her husband Ronald live on. The switch to Medicare came with a financial trapdoor - Medicare Part D's prescription drug "doughnut hole" coverage gap - that she says doubled her diabetes-related costs that first year.

"It knocked the socks off of me. It just devastated me," the Swissvale resident said last week.

Patients and providers alike have noted the rising cost of insulin, which the American Diabetes Association says nearly tripled in price between 2002 and 2013.

But that is only one of the hurdles that seniors with diabetes face. There's also the emergence of high-deductible insurance plans, shifting more of the cost of care to patients, plus formularies that may change which insulin brands are covered at a lower cost.

"This isn't just about the increase in cost. It's about Part D not covering every form of insulin in the same way or even covering them at all," said Bill McKendree, coordinator for the Allegheny County Apprise program that yearly helps about 25,000 seniors select Medicare plans.

It can make managing both blood sugar levels and the household budget a high-wire act.

Some patients "are paying a much higher price and some can't even afford their copayment," which may run \$150 for a three-month supply, said endocrinologist Patricia Bononi, medical director of Allegheny Health Network's Center for Diabetes and Endocrine Health in Bloomfield.

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For some, she said, it comes down to a simple question: "Are you going to pay for your food, your electricity and other utilities, or are you going to go for the insulin?"

In an effort to contain costs, pharmacy benefit providers may switch preferred brand insulins, she said, so patients are told they have to switch or pay more to stay with their current brand. "As a physician, you have to be aware of this because the change could affect their blood glucose level."

Then there's the "doughnut hole," a gap in Part D prescription coverage between the end of the basic benefit until the beneficiary's costs reach the threshold when catastrophic coverage kicks in for the rest of the year. With insulin's higher cost, "We have patients who start hitting the doughnut hole in April," Dr. Bononi said.

Most never get out the rest of the year.

Nick Radovich, 68, of Evans City, said he has already used up his basic benefit this year so he's "skimping" on the pills and his insulin dosages. He had been able to get free samples of Victoza to boost the insulin but was told about a month ago that no more samples were available.

He's had consistently high sugar readings ever since, he said.

"I need that darn insulin," he said, but after he makes the car and house payments, "There's nothing left. There's no money."

Insulin manufacturers often offer discounts through patient assistance programs and the state's PACE program provides medications for low-income seniors.

Mr. Radovich said he and his wife make a little too much to qualify for such programs. Meanwhile, he said he's been experiencing pain in his feet and he's having problems with one of his eyes, a common complication of diabetes.

Typically, seniors who enroll in Medicare Advantage plans offered by a private insurer will get a Part D prescription benefit as part of the package. While offering convenience and, at least for now, lower costs, Medicare Advantage plans do lock the beneficiary in to that plan's formulary and, in some cases, limits them to the insurer's contracted provider network.

"Some people, because of the necessity to stay with a provider for other reasons, are going to be reluctant [to switch] just because they can get a better deal on their insulin," Mr. McKendree said.

Ms. Suvak was looking at paying in the neighborhood of \$3,000 a month to treat her diabetes before staff at West Penn Hospital's Care Partner Clinic helped arrange for subsidies on two of the three insulins she takes, plus free samples for daily Victoza injections.

The Victoza alone would have amounted to \$1,700 monthly, she said.

"That's almost half my retirement. I could not afford that," she said. At one point, she asked a West Penn medical staffer, "What if I just decided not to take it? She said, 'You would be writing your death sentence.' "

Despite the help holding down her costs, Ms. Suvak said she still has cut some corners to save money and avoid the doughnut hole. She tests her blood twice a day instead of three times and reuses needles even though "they get dull and it hurts a little bit more."

Still, she worries. At one point, she posed the question to a physician assistant at the diabetes center: What happens if the subsidies and free samples end?

"She said, 'We'll talk about that when it happens.' "

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Notes

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Graphic

PHOTO: Nate Guidry/Post-Gazette: Retired teacher Delores Suvak at her home in Swissvale. Ms. Suvak is one of many seniors on Medicare struggling to afford the medications she needs for her diabetes.

Classification

Language: ENGLISH

Publication-Type: Newspaper

Subject: DIABETES (96%); EDUCATION & TRAINING (90%); HIGH SCHOOLS (90%); MEDICARE (89%); PHYSICIANS & SURGEONS (87%); EDUCATIONAL INSTITUTION EMPLOYEES (78%); PRICE INCREASES (78%); PRIMARY & SECONDARY SCHOOL TEACHERS (78%); SCHOOL DISTRICTS (78%); DISEASES & DISORDERS (77%); ENDOCRINOLOGY (77%); HEART DISEASE (70%)

Organization: AMERICAN DIABETES ASSOCIATION (83%)

Industry: HIGH SCHOOLS (90%); MEDICARE (89%); PHARMACY BENEFITS (88%); PRESCRIPTION DRUG INSURANCE (88%); PHYSICIANS & SURGEONS (87%); PHARMACEUTICALS & BIOTECHNOLOGY (79%); PERSONAL FINANCE (78%); PRICE INCREASES (78%); ENDOCRINOLOGY (77%); INSURANCE COVERAGE (77%); BUDGETS (76%); PUBLISHING (73%); PRESCRIPTION DRUGS (72%)

Geographic: UNITED STATES (93%)

Load-Date: June 14, 2017